

**REVOCATION OF POWER OF  
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Application Number	10/539,924
Filing Date	30 January 2006
First Named Inventor	Wai Ming, WONG
Art Unit	1646
Examiner Name	
Attorney Docket Number	P001.002US

**I hereby revoke all previous powers of attorney given in the above-identified application.**

☐ A Power of Attorney is submitted herewith.

**OR**

☒ I hereby appoint the practitioners associated with the Customer Number: 56374

☒ Please change the correspondence address for the above-identified application to:

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**I am the:**

☐ Applicant/Inventor.

☒ Assignee of record of the entire interest. See 37 CFR 3.71.  
 Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

**SIGNATURE of Applicant or Assignee of Record**

Signature

Name

CMS Peptides Patent Holding Company Limited

Date

25 May 2006

Telephone

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☐ \*Total of \_\_\_\_\_ forms are submitted.

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